

# Cultivando La Salud: An Innovative Program Reaching Farmworker Women



National Center for Farmworker Health, Inc.

University of Texas Health Science Center at Houston,  
School of Public Health

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# PROGRAM TEAM

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## The word 'colonias'

- Colonias is originally a Spanish word meaning simply neighborhoods or areas of a city. In Spanglish, colonias refers to the primarily Hispanic neighborhoods. Since these neighborhoods are much less affluent than Anglo or mixed neighborhoods, the word connotes poverty and substandard housing.





# Colonias

Colonias are unincorporated, un-zoned, semi-rural communities often without access to public drinking water or wastewater systems.



- There are over 1,800 colonias in Texas along the border, home to 350,000-500,000 people.



The Texas Department of Human Services (DHS) conducted a needs assesment in the *colonias* (substandard rural subdivisions) of the Lower Rio Grande Valley and El Paso County from February through April of 1988.

Twelve hundred interviews were completed. Among major findings-

- 65 % of *colonia* residents have no health insurance.
- 67% of those over 18 did not complete high school.
- Unemployment is 41% among those over 16 who are not in school.
- 26% of households report inadequate heating.
- 44% report that flooding is a problem in their *colonia*.
- 15% of households report they do not usually have enough to eat.





# Colonia Sal Si Puedes (Anthony, NM)





# Farmworker Demographics





# POPULATION DEMOGRAPHICS

- Estimated 3.5 to 5 million farmworkers in the U.S.
- Ethnic composition is roughly:
  - 80% Hispanic
  - 6% White
  - 10% African American
  - 4% Other
- Annual earnings are usually well below 100% of poverty
- Largest home base states are California, Florida, Texas, Washington
- Largest “up stream” states are North Carolina, Michigan, Colorado and Indiana
- Approximately 49% are migrant, and 51% are seasonal

Approximately 4.2 million migrant and seasonal farm workers live along the U.S.-Mexico border with 370,000 living along the Texas-Mexico border.





# Migrant Workers



- Most are Mexican-born (77%), with less than 6 years of education, only speak Spanish (84%), and earn an average of \$5.94 an hour.

# Farmworkers

- Poverty, frequent mobility, low literacy, language, cultural and logistic barriers impede farmworkers' access to social services and cost effective primary health care.
- The farmworker population represents a severely underserved subgroup of border residents.





# REACHING FARMWORKERS

## What are the Challenges?

- ❖ Unfamiliarity with local resources
- ❖ Language
- ❖ Transportation
- ❖ Knowledge about their rights
- ❖ Income verification status
- ❖ Family in an other state
- ❖ Lack of funds for health care
- ❖ May need bilingual/bicultural services & low literacy written materials.

# Meeting Challenges

- ❖ Services must accommodate their language, cultural and logistic needs
- ❖ Examples of programs and strategies that Migrant Health Centers have found to be successful include:
  - Outreach
  - Peer Education Programs
  - Bi-lingual, Low Literacy Written Materials
- ❖ A key element to success is collaboration between the many agencies and organizations that provide services to farmworkers

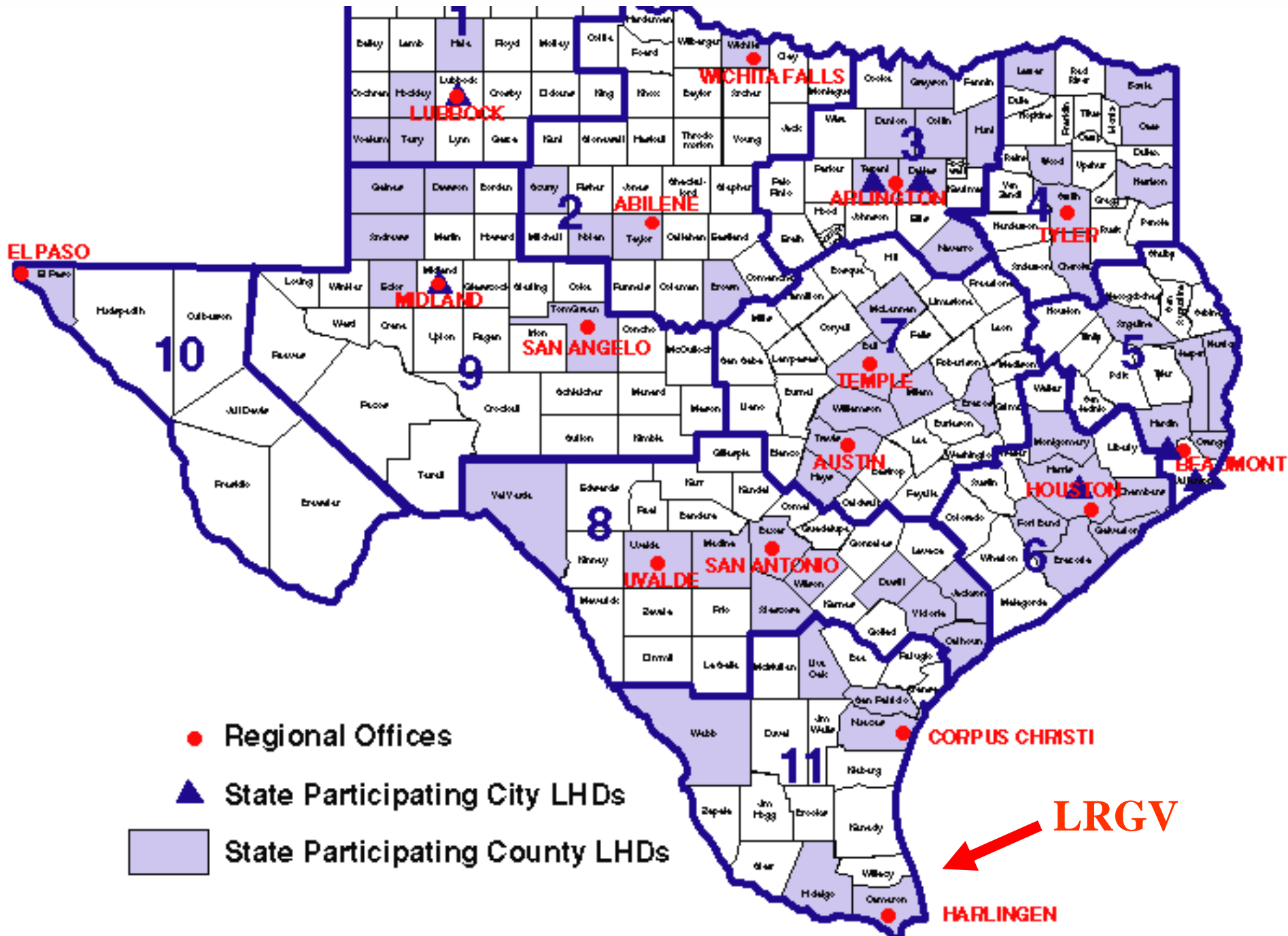


# Cervical Cancer

- For all races in the U.S., the age-adjusted incidence rate was 8.7 cases per 100,000, and the age-adjusted mortality rate was 2.7 deaths per 100,000 women based on SEER data from 1992-98.
- Hispanics, however, have considerably higher rates of cervical cancer incidence, 15.3 per 100,000, and mortality, 3.4 per 100,000.

# Cervical Cancer in the Lower Rio Grande Valley

- Data from the four most southern counties (Cameron, Hidalgo, Willacy and Starr) in Texas that make up the LRGV show that Hispanics have disproportionately higher incidence and mortality rates for cervical cancer when compared to non-Hispanics in these counties.
- Data from the Texas Cancer Registry for 1995-1998 show that Hispanics have an incidence rate of 15.4 per 100,000 compared to 4.7 for non-Hispanic Whites for these counties.

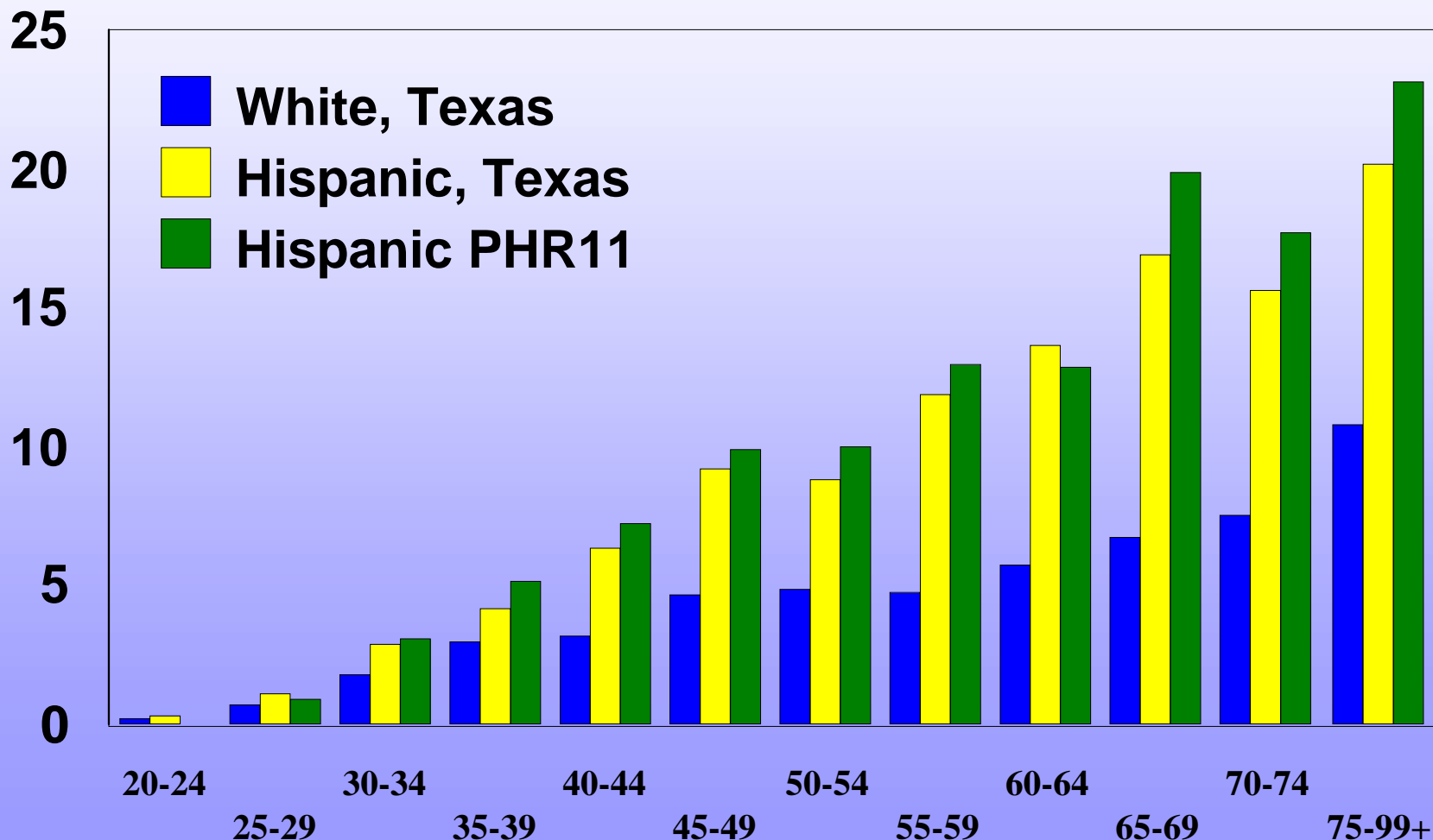




# Deaths from Cancer of the Cervix

*Texas Department of Health, 1980-98*

Rates/100,000



# Cultivando La Salud Pilot Test

## Pap Test Screening

	<b>N</b>	<b>Percent</b>
Never had a pap test	56	28.6
Ever had a pap test	140	71.4

# Cultivando La Salud Pilot Test

## Adherence to Pap Test Guidelines

	<b>N</b>	<b>Percent</b>
Non-adherent	77	39.5
Adherent (last 3 years)	118	60.5



**Cultivando la Salud**  
**Cultivating Health**



**Cancer**  
**Education**  
**Program**

Replication and  
Dissemination of  
a Breast and  
Cervical Cancer  
Screening  
Intervention

# ABOUT NCFH

## *MISSION STATEMENT*

*To improve the health status of farmworker families through the innovative application of human, technical and information resources.*

NCFH provides technical assistance and information resources to Migrant Health Centers nationwide and other organizations working to improve the health and wellbeing of farmworkers.

# Background and Significance

CDC funded 5 year project to develop, test, replicate and disseminate an effective breast and cervical cancer screening intervention that will build upon the model of peer education.

*Program Goal:* To increase breast and cervical cancer screening among migrant and seasonal farmworker women aged 50 and older.

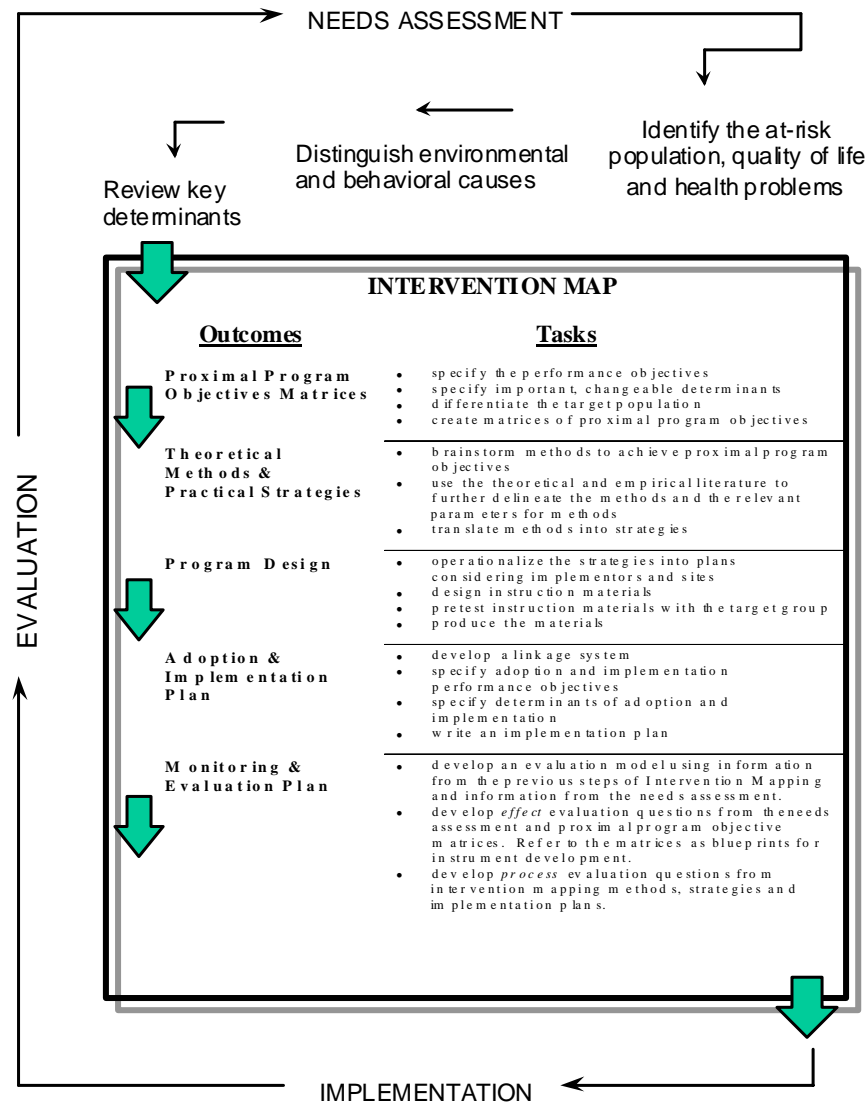
and

To increase capacity for Migrant and Community Health Centers

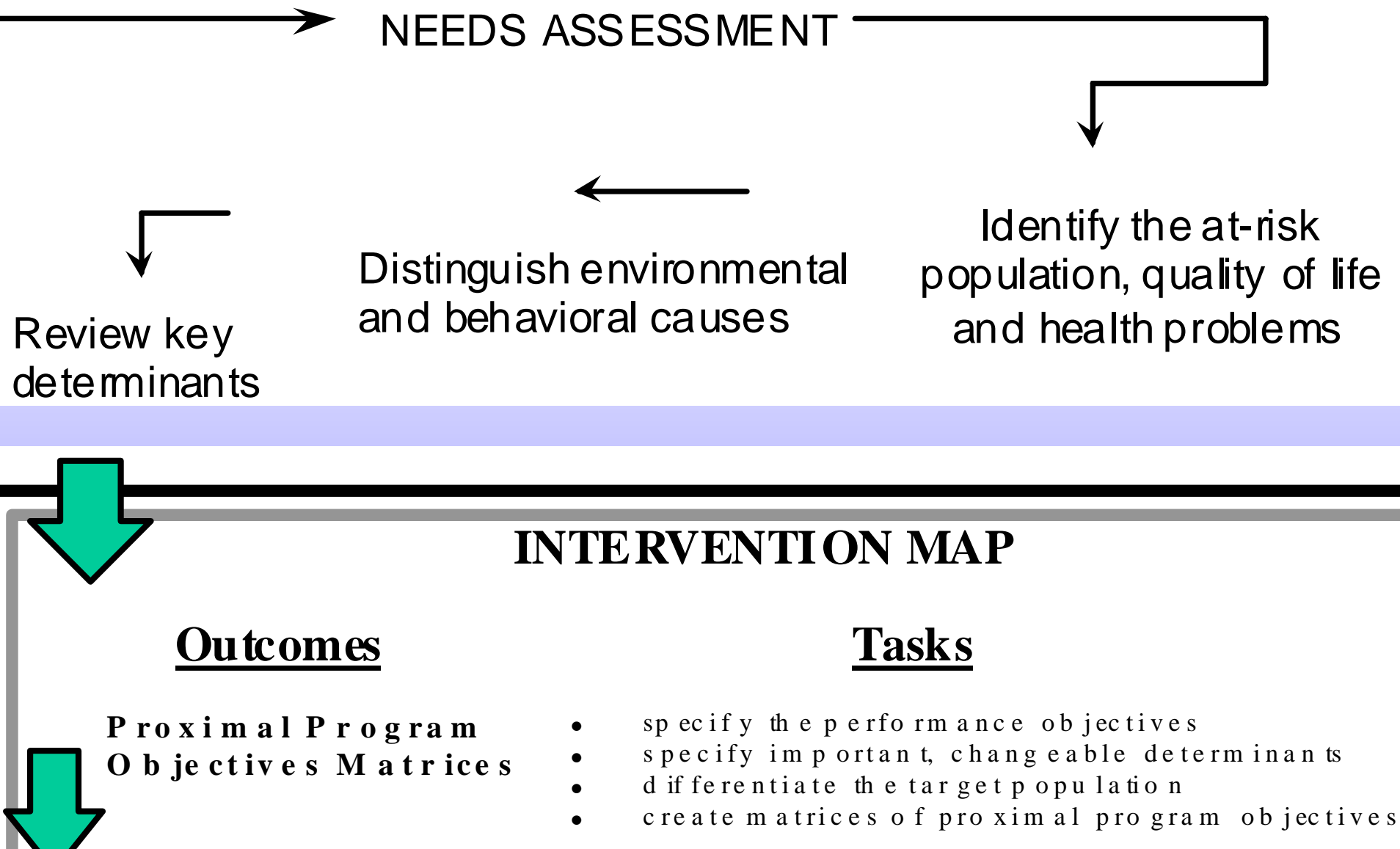


# PROGRAM DEVELOPMENT

# Intervention Mapping



# Intervention Mapping







## Theoretical Methods & Practical Strategies

- brainstorm methods to achieve proximal program objectives
- use the theoretical and empirical literature to further delineate the methods and the relevant parameters for methods
- translate methods into strategies

## Program Design



- operationalize the strategies into plans considering implementors and sites
- design instruction materials
- pretest instruction materials with the target group
- produce the materials

## Adoption & Implementation Plan

- develop a linkage system
- specify adoption and implementation performance objectives
- specify determinants of adoption and implementation
- write an implementation plan

## Monitoring & Evaluation Plan



- develop an evaluation model using information from the previous steps of Intervention Mapping and information from the needs assessment.
- develop *effect* evaluation questions from the needs assessment and proximal program objective matrices. Refer to the matrices as blueprints for instrument development.
- develop *process* evaluation questions from intervention mapping methods, strategies and implementation plans.

# PROGRAM PLAN & PHASES

- **Year 1 & 2**
  - Development of implementation strategy, educational materials and National Coalition
- **Year 3**
  - Pilot testing- 2 sites
- **Year 4**
  - Implementation- 4 sites (2 intervention, 2 control)
- **Year 5**
  - Broad Dissemination, Training, TA and overall analysis

# The National Center for Farm Worker Health (NCFH) Logic Model

DRAFT

## Objectives

## Intervention Components

## Outcomes

### Proximal

### Distal

**Goal**  
**Increase breast and cervical cancer screening among farmworker women 50 and older**  
(addressing both personal and environmental factors)

### Migrant/Community Health Centers (M/CHCs)

To increase the capacity of M/CHCs to provide culturally competent services to the priority population

To improve access to and quality of breast and cervical cancer screening service delivery for farmworkers through M/CHCs

### Lay Health Advisors (LHAs)

To increase the capacity of LHAs to provide breast and cervical cancer education to migrant and seasonal farmworkers in colonias implementing the program

- increase LHA knowledge about b&c screening
- increase LHA health education skills
- increase LHA self-efficacy
- increase LHA knowledge of referral resources

### Farmworker Community

1. To improve knowledge and attitudes about the early detection and control of breast and cervical cancer
  - knowledge
  - beliefs
  - attitudes
  - self-efficacy
  - intentions

2. To increase utilization of services for breast and cervical cancer early detection
  - mammography
  - Pap tests
  - Clinical breast exams (CBEs)
  - Breast self exams (BSEs)

### NCFH

Develops and diffuses products (e.g., curriculum with accompanying modules on breast and cervical cancer screening, culturally appropriate training methods and materials, dissemination and capacity-building methods)

Promotes network linkages (partnerships, collaborations, networking, and coordinating linkages with M/CHCs BCCPs, state and local health departments, and other social and health organizations)

TA Pool of NCFH staff provides training/TA to LHAs

### Migrant/Community Health Centers

Referral tracking system

NCFH support in providing B&CC services to farm workers

NCFH support in developing strategies to address environmental barriers

NCFH support in establishing regional/local linkages with S/LHDs and other social and health organizations

### Lay Health Advisors

Recruitment and training of LHAs by NCFH using the NCFH-developed curriculum which covers such topics as ...

Integration of LHAs into ongoing functioning of intervention sites

### Farmworker Community

NCFH distributing cancer messages to farmworkers via *Farmworker News*

NCFH *Call for Health* hotline for education and referral

Services for individual farmworkers provided by LHAs and M/CHCs include: outreach activities, counseling, information dissemination, general health education, reproductive health, B&C cancer education, follow-up/referrals, and advocacy

### M/CHCs

Increased quality of B&CC screening and treatment

Improved outreach capacity

### LHAs

Improved knowledge of breast and cervical cancer

Improved ability to share knowledge with peers in farmworker community

### Farmworkers

Improved knowledge and attitudes around B&CC screening and treatment

Improved awareness of where to go for B&CC screening and treatment

Increased seeking of screening services

### M/CHCs

Adoption, Implementation and Maintenance of

Lay Health Worker Programs

Improved service access for farmworkers

### LHAs

Trained and committed team of LHAs

### Farmworkers

Appropriate screening, treatment, follow-up, and rescreening

Reduced undetected cancer

Improved health status

## **Migrant/Community Health Centers (M/CHCs)**

To increase the capacity of M/CHCs to provide culturally competent services to the priority population

To improve access to and quality of breast and cervical cancer screening service delivery for farmworkers through M/CHCs

### **Goal**

**Increase breast and cervical cancer screening among farmworker women 50 and older**

*(addressing both personal and environmental factors)*

### **Lay Health Advisors (LHAs)**

To increase the capacity of LHAs to provide breast and cervical cancer education to migrant and seasonal farmworkers in colonias implementing the program

- increase LHA knowledge about b&c screening
- increase LHA health education skills
- increase LHA self-efficacy
- increase LHA knowledge of referral resources

### **Farmworker Community**

1. To improve knowledge, attitudes, self-efficacy, and other factors influencing breast and cervical cancer screening
2. To increase utilization of services for breast and cervical cancer early detection
  - mammography
  - Pap tests
  - Clinical breast exams (CBEs)
  - Breast self exams (BSEs)



# ***Intervention Components***

## **Migrant/Community Health Centers**

Referral tracking system

NCFH support in providing B&CC services to farm workers

NCFH support in developing strategies to address environmental barriers

NCFH support in establishing regional/local linkages with S/LHDs and other social and health organizations



## **Lay Health Advisors**

Recruitment and training of LHAs by NCFH using the NCFH-developed curriculum

Integration of LHAs into ongoing functioning of intervention sites

## **Farmworker Community**

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## **Outcomes**

### ***Proximal***

#### **M/CHCs**

Increased quality of B&CC screening and treatment

Improved outreach capacity

#### **LHAs**

Improved knowledge of breast and cervical cancer

Improved ability to share knowledge with peers in farmworker community

#### **Farmworkers**

Improved knowledge and attitudes around B&CC screening and treatment

Improved awareness of where to go for B&CC screening and treatment

Increased seeking of screening services

### ***Distal***

#### **M/CHCs**

Adoption, Implementation and Maintenance of

Lay Health Worker Programs

Improved service access for farmworkers

#### **LHAs**

Trained and committed teams of LHAs

#### **Farmworkers**

Appropriate screening, treatment, follow-up, and rescreening

Reduced undetected cancer

Improved health status



# PROGRAM COMPONENTS

- Training
  - Training of Clinic Staff by NCFH
  - Training of Promotoras by clinic staff
  - On-going TA by NCFH
- Implementation of Intervention
  - door-to-door outreach in farmworker areas/colonias
  - group presentations & one-on-one contacts
  - Referrals to B&C screening providers
  - Follow-up
- Evaluation

# REPLICATION PACKAGE

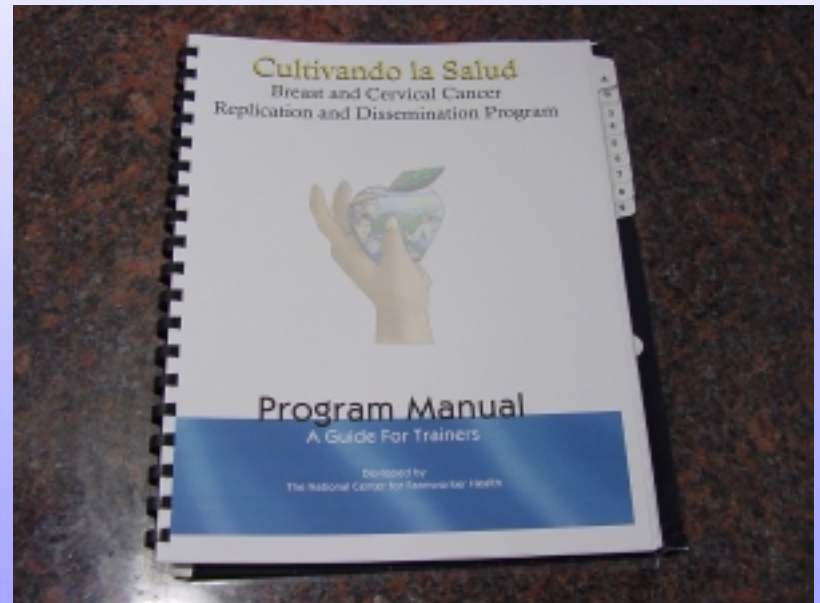
- Program Manual
- Breast & Cervical Cancer Training Curriculum
- “Tool Box” to be used by Promotoras to provide education to Farmworkers
  - Components include:
    - Teaching guide w/detailed education plans
    - Flipchart
    - Video
    - Pamphlets
    - Referral Information
    - audio cassette



# TOOLS AND RESOURCES: REPLICATION PACKAGE

## PROGRAM MANUAL

- “HOW-TO”
  - Background and Program Description
  - Goals and Objectives
  - Program Logic Model
  - Program Implementation
  - Overview of the Program Materials



# TOOLS AND RESOURCES: REPLICATION PACKAGE

- **PROGRAM MANUAL**

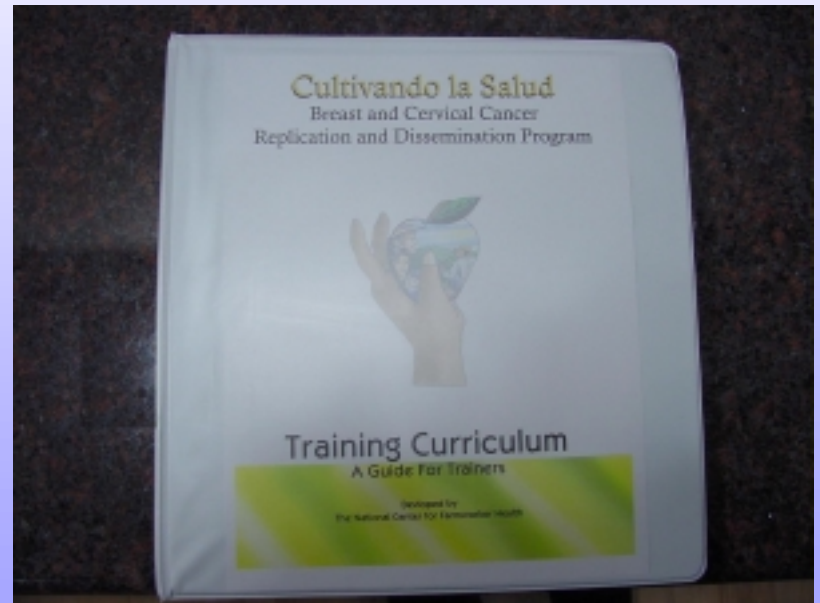
- RESOURCES

- Promotora Job Description
    - Recruitment & Training
    - Management & Maintenance of Promotora Programs
    - Contact Forms
    - Staffing Plan and budget
    - Evaluation and Sample Evaluation Tools

# TOOLS AND RESOURCES: REPLICATION PACKAGE

## **Breast & Cervical Cancer Training Curriculum**

- Introduction to the Training
- Role of the Promotoras
- Reaching Farmworker Women
- Finding Breast Cancer Early
- Breast Cancer-Overcoming Barriers
- Finding Cervical Cancer-Overcoming Barriers
- Teaching Methods
- Practices Session Using Program Materials
- Resources and Referrals
- Evaluation



# TOOLS AND RESOURCES: REPLICATION PACKAGE

“Tool Box” to be used by  
Promotoras to provide  
education to  
Farmworkers

– Components include:

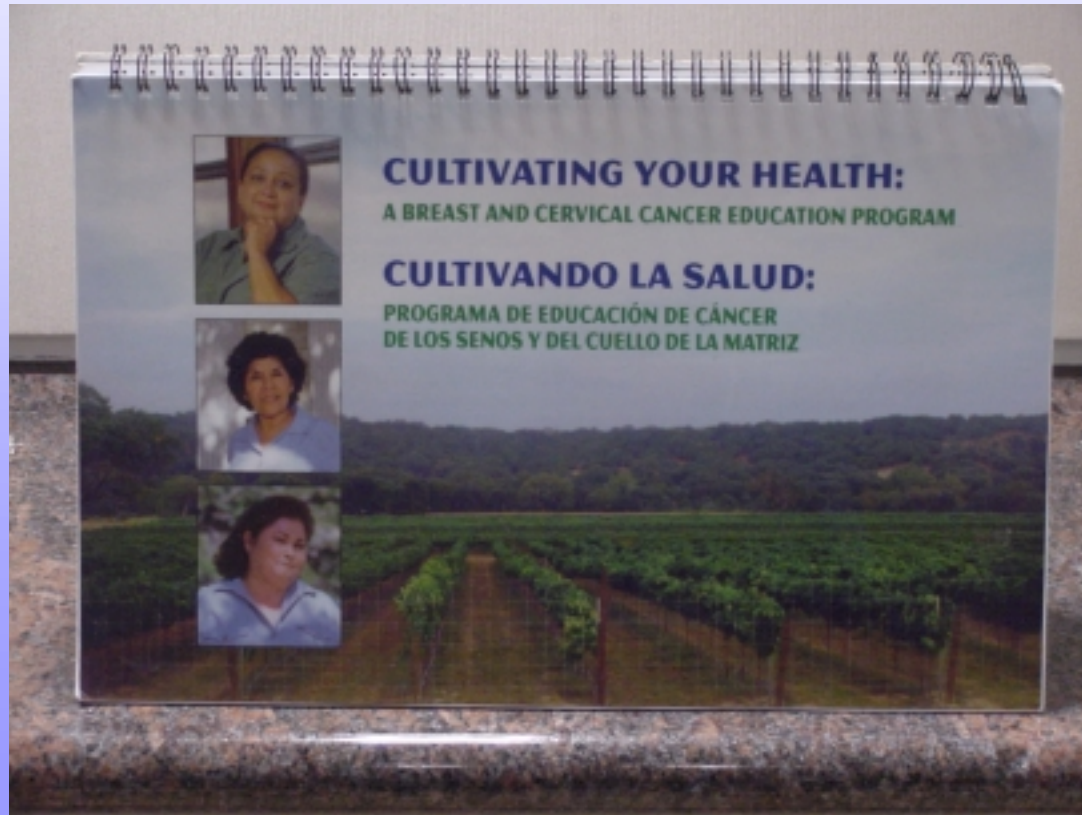
- Teaching guide with detailed education plans
- Flipchart
- Video
- Pamphlets
- Referral Information
- audio cassette



# Methods/Strategies

## Flipchart:

- Role model stories
- Testimonials
- Addressing misconceptions and barriers







**"Yo no he ido a hacerme la prueba Pap porque me da pena."**

**"I haven't gone for my Pap test because I'm embarrassed."**

**"Mi pareja no quiere que me haga la prueba Pap."**

**"My partner doesn't want me to go get a Pap test."**



**"La prueba Pap encontró el cáncer del cuello de la matriz a tiempo. Me alegro que me hice la prueba Pap!"**

**- Teresa**

**"The Pap test found cervical cancer early. I'm so glad that I didn't wait to get the Pap test!"**

**- Teresa**

# EVALUATION

Intervention trial- Quasi-experimental design

Four matched sites randomly assigned:

2 Intervention sites (CA, TX)

2 Comparison sites (CA, NM)

Target Population: women aged  $\geq 50$  years

# STUDY DESIGN

## **Cross-sectional study**

- To assess change on screening rates
- Sample of women interviewed at baseline and 12 months

## **Cohort study (Panel study)**

- Sample of women non-adherent to screening guidelines
- Interviewed at baseline and 12 months to assess change in compliance (completion) rates







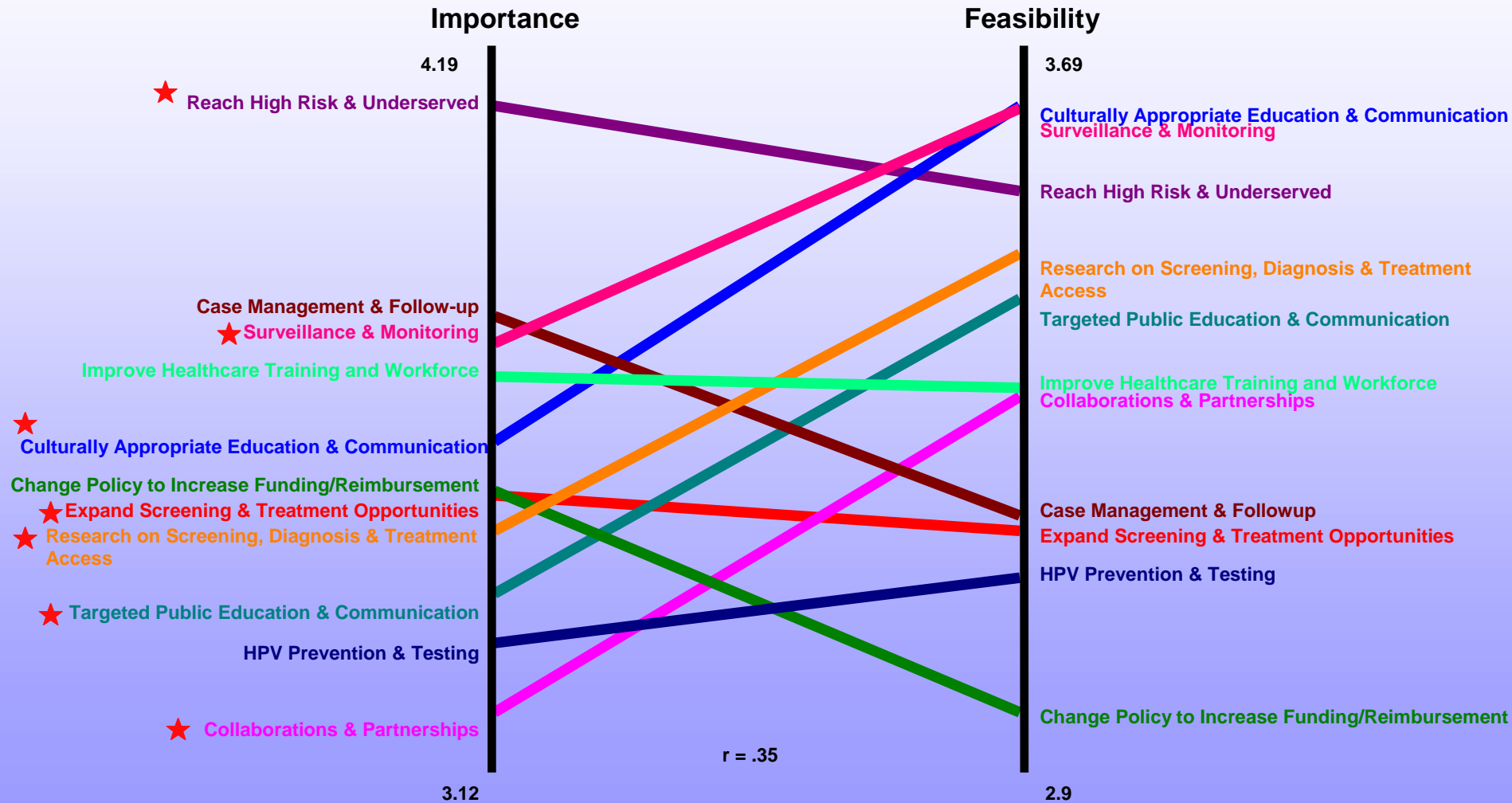






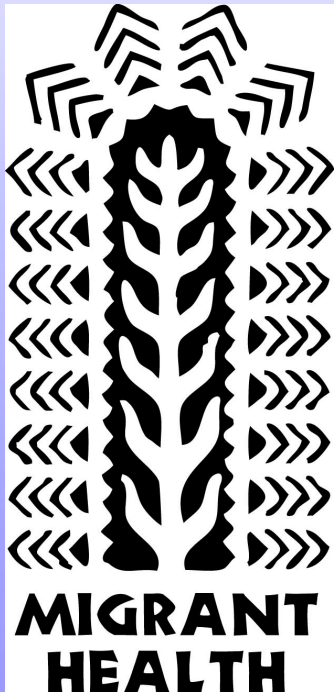


# Pattern Matching



# Collaboration and Partnerships

Encourage cancer centers, academic institutions and community-based organization to work towards the common goal (29)





# Targeted Public Education & Communication



Provide effective intervention models and materials from studies to health departments for distribution. (11)

Distribute county-specific educational information that includes information about the availability of screening (26)

Work with other health education initiatives and non-traditional partners to educate about cervical cancer issues. (55)

Promote the dissemination of information through rural community educators regarding the "why," of annual Pap tests (83)



# Culturally Appropriate Education & Communication

Develop bilingual and multilingual educational materials (9)

Develop interventions that are culturally sensitive to the Hispanic population on the border. (67)

Feature survivors from different races, backgrounds who followed the guidelines for screening in promotional materials (68)



## **SOBREVIVIENDO CÁNCER DEL CUELLO DE LA MATRIZ**

*Lea el siguiente testimonio de Teresa.*

Esta es la historia de Teresa. Ella cuenta su experiencia con cáncer del cuello de la matriz:

*"Cuando me dieron mis resultados de la prueba Pap, la carta que me mandó el doctor decía que tenía que ir a la clínica. El doctor me dijo que me tenían que hacer más pruebas porque algo no había salido normal. Después de una prueba en donde se saca un pedacito pequeño del tejido del cérvix para ser analizado llamado biopsia, el doctor me dijo que tenía cáncer del cuello de la matriz, pero que lo habían encontrado en una etapa temprana. Fui a hacerme tratamiento dos veces y ahora estoy curada. La prueba Pap encontró los cambios a tiempo. Si me hubiera esperado más tiempo hubiera sido mucho más grave. ¡Me alegro que no me esperé a hacerme la prueba Pap! El Pap me salvó la vida."*

-Teresa

*Haga a sus participantes las siguientes preguntas:*

- ❖ ¿Qué pensó de la historia de Teresa?
- ❖ ¿Antes de escuchar esto, usted pensaba que las mujeres podían sobrevivir el cáncer del cuello de la matriz?

## **SURVIVING CERVICAL CANCER**

*Read to your participants the following testimonial by Teresa.*

This is Teresa's story about her experience with cervical cancer:

*"When I got my results back from my Pap test, the letter the doctor sent me said that I had to go into the clinic. The doctor told me that I needed to go for more tests because something was not normal. After a test where a small piece of tissue from the cervix is taken for further testing called a biopsy, the doctor told me I had cervical cancer, but that they had found it an early stage. I went in for treatment twice, and my cancer was cured. The Pap test found the changes early. If I had waited any longer it could have been more serious. I'm so glad I didn't wait to get the Pap test! It saved my life!"*

-Teresa

*Ask your participants the following questions:*

- ❖ What did you think about Teresa's story?
- ❖ Before hearing this, did you think women could survive cervical cancer?



# Culturally Appropriate Education & Communication

Train lay leaders in minority communities to provide health education information to members of their group. (62)

Develop interventions that are culturally sensitive to the Hispanic population on the border. (67)



# Improved Healthcare Training & Workforce



Encourage physicians to review screening history and advise about screening at each visit by a woman, including Medicare beneficiaries (3)

Utilize professional incentives to encourage more health providers in cancer control. (10)

# Research on Screening, Diagnosis &

Assess target groups' attitudes, beliefs and values about screening and treatment (4)

Determine the availability of screening and treatment facilities available to women (80)





# Surveillance & Monitoring

Determine why women in low income rural communities are not obtaining screening (60)



# Reach High Risk & Underserved

Offer free vouchers for screening to groups with limited access to care, such as migrant health workers and the poor (56)

Provide transportation, childcare, and other services to women so they will get to a clinic for care and follow-up (76)

Identify rarely or never screened women and direct culturally specific efforts to reach those women. (6)

Provide more timely services to women at risk (61)

Identify promising ways to increase screening for cervical cancer among hard-to-reach populations. (39)

Develop screening interventions of Cervical Cancer among minority populations at risk, especially Hispanic, African-American, Native American, and Vietnamese (50)



Replication and  
Dissemination of  
a Breast and  
Cervical Cancer  
Screening  
Intervention

**Cultivando la Salud  
Cultivating Health**



**Cancer  
Education  
Program**

*FIN*

*Gracias*